UMITED SOURCES JUSTIFICATION ORDERS \$3,000 - \$150,000 FAR PART 8.405-6(g)

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Gary C. Sherzan NAME Central lowa Health Care Syste FACILITY	Life Safety Manager TITLE	Q&S SERVICE LINE/S	ECTION
9. <u>APPROVALS IN ACCORDANC</u>	그리 그는 그 집에는 이 경우 그는 그는 그 그 그를 모으려고 된다.		
a. <u>CONTRACTING OFFICER'S</u> accurate and complete to the b	CERTIFICATION (required): I center of my knowledge and belief	tify that the foregoing	justification is
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CONTRACTING OFFICER'S SIGN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	É	*
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NAIVIE AND TITLE	FACIL		
b. FACILITY CONTRACTING Naccurate and complete to the	MANAGER'S CERTIFICATION: I cobest of my knowledge and belie	e e	ng justification is
		4/29/13	
FACILITY CONTRACTING MANA	ager's signature dat		
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MANUFACTURE TO SERVICE	FAGI	AUT	
f		t .	

8. <u>REQUIREMENTS CERTIFICATION:</u> I certify that the requirement outlined in this justification is a bonafide need of the Department of Veterans Affairs and that the supporting data under my cognizance,